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(FILE 'HOME' ENTERED AT 16:33:31 ON 19 OCT 2004)

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SEA (AMLODIPINE OR PELMEC OR NORVASC) (L) (ATORVASTATIN OR LIPITO

22 FILE ADISCTI
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QUE (AMLODIPINE OR PELMEC OR NORVASC) (L) (ATORVASTATIN OR LIPITO

SEA F1-F34

QUE F1-F34

SEA L2 NOT PY>=1999

0* FILE ADISINSIGHT
0* FILE CONFSCI
0* FILE FEDRIP
0* FILE FOREGE
0* FILE MEDICONF
0* FILE PHAR
0* FILE PROUSDDR

QUE L2 NOT PY>=1999

SEA F1-F11,F17,F19-34

FILE 'ADISNEWS, AGRICOLA, ANABSTR, ANTE, AQUALINE, AQUASCI, BIOBUSINESS, BIOCOMMERCE, BIOENG, BIOSIS, CEN, CIN, CROPB, CROPU, DDFB, DGENE, DISSABS, DRUGB, DRUGMONOG2, DRUGU, EMBAL, EMBASE, ESBIODBASE, FOMAD,

FROSTI' ENTERED AT 16:49:02 ON 19 OCT 2004

130 S (AMLODIPINE OR PELMEC OR NORVASC) (L) (ATORVASTATIN OR LIPITOR)

9 S L4 NOT PY>=1999

> d ibib abs 1-9

5 ANSWER 1 OF 9 BIOBUSINESS COPYRIGHT (c) 1998 The Thomson Corporation. on
STN
ACCESSION NUMBER: 1998:13447 BIOBUSINESS
DOCUMENT NUMBER: 0965270
TITLE: Pfizer Zithromax Fourth Quarter sales increase 46% in U.S.
to \$197 mil.
AUTHOR: Anon
SOURCE: F-D-C Reports - "The Pink Sheet", (1998) Vol.60, No.4, Jan.
26, p.t&q5.
ISSN: 1068-5324.
DOCUMENT TYPE: ARTICLE
FILE SEGMENT: UNIQUE
LANGUAGE: English

5 ANSWER 2 OF 9 BIOBUSINESS COPYRIGHT (c) 1998 The Thomson Corporation. on
STN
ACCESSION NUMBER: 97:87799 BIOBUSINESS
DOCUMENT NUMBER: 0945334
TITLE: Pfizer and Johnson & Johnson post strong quarterly results.
AUTHOR: Anon
SOURCE: Chemical Market Reporter, (1997) Vol.252, No.16, Oct. 20,
p.18.
ISSN: 0090-0907.
DOCUMENT TYPE: ARTICLE
FILE SEGMENT: UNIQUE
LANGUAGE: English

B Pfizer Inc experienced an increase in both revenues and net income for the
third quarter of 1997. Sales of Aricept and **Lipitor** were strong,
as were sales of **Norvasc** and Zoloft. Johnson & Johnson also
reported an increase in sales and net earnings for the same period. Both
worldwide and domestic sales increased.

5 ANSWER 3 OF 9 BIOBUSINESS COPYRIGHT (c) 1998 The Thomson Corporation. on
STN
ACCESSION NUMBER: 97:59954 BIOBUSINESS
DOCUMENT NUMBER: 0917489
TITLE: Pfizer net up, but below expectations: Johnson & Johnson
posts a 15% gain.
AUTHOR: Anon
SOURCE: New York Times, (1997) Vol.146, No.50855, July 16, p.d2.
ISSN: 0362-4331.
DOCUMENT TYPE: ARTICLE
FILE SEGMENT: UNIQUE
LANGUAGE: English

5 ANSWER 4 OF 9 BIOBUSINESS COPYRIGHT (c) 1998 The Thomson Corporation. on
STN
ACCESSION NUMBER: 97:40804 BIOBUSINESS
DOCUMENT NUMBER: 0898339
TITLE: Pfizer's **Norvasc**. Zithromax add more than \$100
mil. each in 1st Quarter: Zoloft tops U.S. line at \$334
mil: Worldwide sales reach \$2.26 bil. before
Lipitor and Aricept.
AUTHOR: Anon
SOURCE: F-D-C Reports - "The Pink Sheet", (1997) Vol.59, No.16,
April 21, p.13.
ISSN: 1068-5324.
DOCUMENT TYPE: ARTICLE
FILE SEGMENT: UNIQUE
LANGUAGE: English

5 ANSWER 5 OF 9 CEN COPYRIGHT 2001 ACS on STN
ACCESSION NUMBER: 1998:1409 CEN
TITLE: Product Prospects Propel Drug Firms
Major drugs boost first-quarter pharmaceutical sales and

earnings
THOR: Thayer, Ann
URCE: Chemical & Engineering News, (18 May 1998) Vol. 76, No. 20,
pp. 26.
CODEN: CENEAR, ISSN: 0009-2347.
BLISHER: American Chemical Society
NGUAGE: English
RD COUNT: 964

ANSWER 6 OF 9 CIN COPYRIGHT 2004 ACS on STN

Pfizer's Trovan is generating 9% of new quinolone antibiotic prescriptions in the U.S., the company reported. Launched in the U.S. in January, Trovan had \$41 mil. in U.S. sales for the third quarter. So far, the U.S. is Trovan's only market, but it could be introduced in about 20 countries by the end of the year, Pfizer said. Year-to-date, Trovan sales are \$105 mil. The company's macrolide antibiotic Zithromax posted a 69% increase in U.S. sales to reach \$141 mil. for the quarter. Worldwide, Zithromax has grown 20% to \$662 mil. for the year to date. In the cardiovascular market, **Norvasc** posted a 26% gain in the U.S. for the third quarter of 1998. The calcium channel blocker had \$342 mil. in domestic sales. **Norvasc**'s worldwide year-to-date sales are \$1.9 bil., up 16%. The article includes sales reports for Pfizer products Procardia XL, **Lipitor**, Aricept, Viagra, Celebrex, Zyrtec, and Zolof.

ANSWER 7 OF 9 DRUGU COPYRIGHT 2004 THE THOMSON CORP on STN

CESSION NUMBER: 1998-32025 DRUGU T E S
TLE: Choosing the most appropriate treatment for stable angina.
Safety considerations.
THOR: Asirvatham S; Sebastian C; Thadani U
RPORATE SOURCE: Univ.Oklahoma
CATION: Oklahoma City, Okla., USA
URCE: Drug Safety (19, No. 1, 25-44, 1998) 5 Tab. 142 Ref..
CODEN: DRSAE ISSN: 0114-5916
AIL. OF DOC.: Division of Cardiology, University of Oklahoma Health
Sciences Center, 920 SL Young, 5SP-300, Oklahoma City, OK
73190, U.S.A. (U.T.).
NGUAGE: English
OCUMENT TYPE: Journal
ELD AVAIL.: AB; LA; CT
LE SEGMENT: Literature
1998-32025 DRUGU T E S
The treatment of stable angina is reviewed with reference to safety considerations. The pathophysiology, natural history and prognosis of stable angina are discussed. Drug therapy for plaque stabilization, prevention of MI and mortality reduction is discussed with reference to aspirin, ticlopidine, lipid lowering therapy, estrogen supplementation, ACE-inhibitors and antioxidants. Symptomatic treatment with nitrates, beta-blockers and Ca²⁺ antagonists is considered. Guidelines for choosing appropriate drug or combination therapy for stable angina are given.
SEX Aspirin reduces mortality and morbidity in patients with acute coronary syndromes. Its main adverse effects are GI. It interacts with warfarin, corticosteroids, NSAID, alcohol and uricosuric drugs. Ticlopidine is used as an alternative to aspirin in patients with stable angina pectoris. Drugs used to lower serum lipids include colestyramine, colestipol, nicotinic acid, fluvastatin, lovastatin, simvastatin, gemfibrozil and probucol. Colestipol and colestyramine interact with digoxin, warfarin and phytomenadione. Mibefradil can interact with lovastatin or simvastatin. Estrogen supplementation in postmenopausal women can reduce the risk of coronary artery disease, but can increase the risk of breast cancer, endometrial hyperplasia and thrombosis. ACE-inhibitors (enalapril, fosinopril, ramipril, captopril, benazepril and quinapril) may also be useful for the treatment of stable angina. Adverse effects include cough, hypotension, renal effects, angioedema and hyperkalemia. ACE-inhibitors interact with furosemide, hydralazine, indometacin and aspirin. Antioxidants (tocopherol, beta-carotene and retinol) may protect against coronary artery disease. Effort angina is treated with isosorbide dinitrate, isosorbide mononitrate and nitroglycerol.

Beta-blockers (propranolol, metoprolol) can be used to reduce myocardial ischemia. They interact with verapamil, lidocaine and phenytoin. Ca²⁺ antagonists (verapamil, nifedipine, **amlodipine**, felodipine, diltiazem and mibefradil) are often used to treat angina pectoris. They may interact with quinidine, digoxin, rifampicin, carbamazepine, ciclosporin, **atorvastatin**, terfenadine, astemizole, cisapride and cerivastatin. (E83)

5 ANSWER 8 OF 9 DRUGU COPYRIGHT 2004 THE THOMSON CORP on STN
ACCESSION NUMBER: 1998-29103 DRUGU P T S
TITLE: Mibefradil, a pharmacologically distinct calcium antagonist.
AUTHOR: Ernst M E; Kelly M W
CORPORATE SOURCE: Univ.Iowa
LOCATION: Iowa City, Iowa, USA
SOURCE: Pharmacotherapy (18, No. 3, 463-85, 1998) 4 Fig. 5 Tab. 100
Ref.
CODEN: PHPYDQ ISSN: 0277-0008
AVAIL. OF DOC.: College of Pharmacy, The University of Iowa, S411 Pharmacy
Building, Iowa City, IA 52242, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

1998-29103 DRUGU P T S
B The characteristics of mibefradil (MB, (1S,2S)-2-((3-(2-benzimidazolyl)propyl)methylamino)ethyl)-6-fluoro-1,2,3,4-tetrahydro-1-isopropyl-2-naphthylmethoxyacetate HCl₂) are reviewed, with reference to its chemistry, pharmacology, pharmacokinetics, pharmacodynamics, efficacy in animal models and patients with hypertension, chronic stable angina pectoris and heart failure, adverse events and drug interactions. Other Ca antagonists mentioned include diltiazem, verapamil, **amlodipine**, felodipine and nifedipine. Agents investigated for interactions with MB include terfenadine, astemizole, cisapride, lovastatin, simvastatin, **atorvastatin**, cerivastatin, pravastatin, digoxin, fluvastatin, quinidine, imipramine, desipramine, enalapril, atenolol, cimetidine, theophylline, warfarin and phenytoin.

BEX MB is the prototype of a new class of Ca antagonists that selectively block T-type voltage-gated plasma membrane calcium channels in vascular smooth muscle. MB is structurally and pharmacologically different from traditional Ca antagonists such as diltiazem and verapamil. MB does not have negative inotropic effects at therapeutic concentrations and is not associated with reflex activation of neurohormonal and sympathetic systems. In patients with hypertension, MB at 50 and 100 mg/day reduces trough sitting diastolic and systolic B.P. Doses of over 100 mg/day do not increase efficacy, but were associated with a greater frequency of side-effects. MB has antiischemic properties resulting from dilation of coronary and peripheral vascular smooth muscle, and from a slight reduction in HR. In clinical studies of chronic stable angina pectoris, MB leads to dose-dependent increases in exercise duration and time to onset of angina. MB reduces the number and duration of ischemic events, the number of anginal episodes and nitroglycerol consumption. MB has a favorable pharmacokinetic profile, with a high trough:peak ratio (over 80%), good oral bioavailability and a long-elimination half-life. Dizziness, headache, leg edema and lightheadedness are frequently reported with MB. The most frequent EEG changes associated with MB are 1st-degree A.V. block and sinus bradycardia. In-vitro, MB inhibited cytochrome P450 1A2, 2D6 and 3A4 and should thus not be given with terfenadine, astemizole, cisapride, lovastatin, simvastatin, **atorvastatin** and cerivastatin. The dose of MB should be reduced when it is given with imipramine or desipramine. (E61/MB)

5 ANSWER 9 OF 9 DRUGU COPYRIGHT 2004 THE THOMSON CORP on STN
ACCESSION NUMBER: 1998-25850 DRUGU T P E S
TITLE: Drug administration in patients with diabetes mellitus.
Safety considerations.
AUTHOR: Gilbert R E; Cooper M E; Krum H
CORPORATE SOURCE: Univ.Melbourne; Univ.Monash
LOCATION: Melbourne, Austr.

SOURCE: Drug Safety (18, No. 6, 441-55, 1998) 2 Tab. 96 Ref.
CODEN: DRSAE ISSN: 0114-5916
AVAIL. OF DOC.: Endocrinology Unit, Austin and Repatriation Medical Centre
(Austin Campus), Studley Road, Heidelberg, Victoria 3084,
Australia.
LANGUAGE: English
DOCUMENT TYPE: Journal
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature
AN 1998-25850 DRUGU T P E S
AB The drugs used in patients with diabetes mellitus are reviewed, with
emphasis on safety considerations. Areas covered in the review include
the effect of diabetes mellitus on drug handling, drugs used to control
hyperglycemia in these patients, including metformin, the sulfonylureas,
newer agents such as troglitazone and acarbose and insulin and drugs used
to treat diseases associated with diabetes mellitus included
antihypertensives and lipid-lowering agents.
ABEX Drug dose adjustment is rarely required where diabetes mellitus is well
controlled. In the context of poor metabolic control or in the presence
of complications such as nephropathy, significant alterations in drug
handling may occur. Rarely, metformin use may be complicated by lactic
acidosis. Long-term metformin may impair the absorption of
cyanocobalamin and folate. The sulfonylureas chlorpropamide and
glibenclamide have longer durations than glipizide, glicazide or
tolbutamide. Other sulfonylureas include tolazamide and acetohexamide.
Long-acting sulfonylureas are best avoided in patients at high risk of
hypoglycemia. The latter may be potentiated by drug interactions with
phenytoin, rifampicin, warfarin, phenylbutazone and salicylates.
Sulfonylureas may also interact with antacids, histamine H2 antagonists,
omeprazole, beta-blockers, steroids, ACE inhibitors, perhexiline,
chloramphenicol, ciprofloxacin, clofibrate, diuretics, dicoumarol,
fluconazole, ketoconazole, fluoxetine, phenelzine, isocarboxazid,
tranylcypromine and oxyphenbutazone. Troglitazone may be associated with
abnormalities in liver function in about 2% of patients. The adverse
effects of acarbose tend to improve with continued therapy. Drugs used
to treat diseases associated with diabetes mellitus include ACE
inhibitors such as enalapril, Ca antagonists such as nisoldipine,
fosinopril and **amlodipine**, beta-blockers such as carvedilol,
diuretics, HMG CoA reductase inhibitors such as lovastatin, pravastatin,
simvastatin, fluvastatin and **atorvastatin**, and the fibrate
derivatives clofibrate, gemfibrozil, bezafibrate or fenofibrate. (E61/MB)

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